



Access to Critical Health Services: Programs Essential for Improving Health

One area addressed by *Standards for Public Health in Washington State*—and a core function of public health agencies throughout the country—is helping people get the services they need. During the 1990s, a thriving state economy helped expand access to health care. By 2000, 86% of Washington residents reported that they had a regular source of primary health care, and only 8% lacked health insurance, according to *The Health of Washington State*.

Today, the trend is reversing. Washington's economy is struggling. Health costs—driven by such factors as an aging population, expensive medical interventions, and the rising costs of pharmaceuticals—are increasing at a rate of more than 7% a year. Rising costs pressure employers to reduce benefits and pass along higher costs to employees. Government, which covers a large percentage of health costs for its own employees, people with low incomes, and people with disabilities, must cut services and the number of people eligible for help as revenues decline. Health care providers, themselves faced with rising costs and decreased payments for services, have trouble covering both wages and benefits for their employees.

The result is that people who need health services will have a much harder time obtaining them. In some cases, services simply will not be available. The problem of access to care has many aspects: a child doesn't get in to see a dentist, a pregnant woman can't obtain pre-natal care, an older person lacks the guidance needed to control diabetes. The problems of access confronting Washington residents are described in detail in a report by the State Board of Health.

Some people mistakenly believe that public health departments are a substitute for medical care services. They are not. Medical care is provided to individual people experiencing illness. Public health departments provide services to entire populations, such as keeping drinking water supplies safe or tracking down an epidemic. Occasionally, public health work

includes providing medical services to people, but these cases are very limited and are linked to public health implications. For example, many health departments provide immunizations directly, but they also distribute vaccine to local physicians so that more people can be immunized through their combined efforts.

What health departments *can* do about health care access falls into the realm of planning, assessing resources, community organizing, and making referrals for individual clients. To perform this important work, public health agencies need clear guidelines about what services people need. During 2001, the State Board of Health finalized and



Don Sloma (State Board of Health Executive Director) and Tom Locke (SBOH member and Health Officer for Clallam and Jefferson counties) discuss the growing health crisis for Washington residents caused by deteriorating access to affordable medical care.

published a Menu of Critical Health Services (see Appendix 7). These are services the Board deems “essential to the health of the community at large” and that should be available in every community.

The Menu is being incorporated into state health policy and public health initiatives. For example, it is a component of Governor Locke’s state health report, as well as local projects such as the CHOICE student cancer prevention initiative and the federal 100% Access Project. Medical directors are using the Menu to establish guidelines for children’s clinical preventive services. Gradually, more health policy makers in Washington are becoming aware of the Menu and using it for budget and policy development.

Currently, there is no way to measure the degree to which services on the Menu are available. The State Board of Health found that there are not sufficient data about any areas of service to describe access at the community level. The limited data that do exist about services are primarily state level, which does not help identify local service gaps.

The work on access is taking on new importance in the looming health care crisis. As more residents lose access to privately financed health care, they will turn to public health agencies to locate services or to provide them. And the ability of agencies to respond will depend on progress in other areas of the Public Health Improvement Partnership: the availability of adequate financing, a skilled workforce, reliable information systems, and public health agencies that are equipped to meet performance standards.

For more information about Access:

PHIP Access to Critical Health Services Committee Page

<http://www.doh.wa.gov/phip/Access.htm>

2002 Washington State Health Report

<http://www.doh.wa.gov/SBOH/Pubs/2002SHR.pdf>

SBOH Report:

<http://www.doh.wa.gov/SBOH/Priorities/access/AccessStatus.pdf>

Recommendations for 2003-2005

1. Establish a Committee on Access to Critical Health Services to guide use of *Standards for Public Health in Washington State* on access.

Public health leaders and their partners will benefit from having a sustained forum on access, focusing on the public health role in understanding a community's capacity to meet health service needs. So much attention has been framed from the perspective of health insurance coverage that basic information is often lacking on such issues as who has access to what services, which services are missing and where, and what it would take—in terms of providers, dollars, and facilities—to fill the gap.

2. Expand, update, and improve the Menu of Critical Health Services and involve public health, private providers, and purchasing

groups in using the Menu to guide decisions about health services.

The Menu of Critical Health Services can provide a systematic way for everyone involved in health care delivery to look at what they have and what they need to meet basic expectations of services. By working from a common list, gaps in services will be easier to identify and address. In some areas, such as environmental health protection, the list of services should be expanded.

3. Promote “exemplary practices” associated with the access standard for public health.

The standards baseline study yielded valuable examples of work that can help a community address health care access issues. The State Board of Health report on access makes many recommendations on actions that will improve access and benefit communities.